Docket No.: 19603/3306 (CRF D-21/36%)

Examiner: A. Kubelik

Art Unit:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants

Collmer et al.

Serial No.

09/597,513

Cnfrm. No.

5828

Filed

June 20, 2000

For

HYPERSENSITIVE RESPONSE ELICITOR

FROM PSEUDOMONAS SYRINGAE AND

ITS USE

SUBMISSION OF FORMAL DRAWINGS

Commissioner for Patents Washington, D.C. 20231 **Box: Non-Fee Amendment**

Dear Sir:

Enclosed for filing in the subject application are 3 sheets of formal drawings.

Respectfully submitted,

Registration No. 40,087

Edwin V. Merkel

Date: March 18, 2002

NIXON PEABODY LLP Clinton Square, P.O. Box 31051

Rochester, New York 14603-1051 Telephone: (585) 263-1128 Facsimile: (585) 263-1600

Certificate of Mailing - 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents, Washington, D.C. 20231,

" 3/18/02 1

Wendy L. Harrold

Docket No.: 19603/3306 (CRF D-2136B)

Examiner: A. Kubelik

Art Unit:

1638



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

pplicants : Collmer et al.

Serial No. : 09/597,513

Cnfrm. No. : 5828

Filed : June 20, 2000

For : HYPERSENSITIVE RESPONSE ELICITOR

FROM PSEUDOMONAS SYRINGAE AND

ITS USE

Commissioner for Patents Washington, D.C. 20231

Box: Non-Fee Amendment

Sir:

Transmitted herewith is an amendment (12 pages) with Appendix (3 pages) and Exhibits 1-4 in the above-identified application. Also enclosed are:

[X] Submission Of Formal Drawings (with 3 accompanying drawing sheets).

[X] Applicants claim small entity status. (See 37 CFR 1.27.)

[X] A self-addressed, prepaid postcard for acknowledging receipt.

[X] No additional fee is required.

[X] The fee has been calculated as shown below:

(Col. 1) a) SMALL ENTITY (Col. 2) (Col. 3) b) LARGE ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE
TOTAL	10	MINUS	25	0	a) \$ 9= b) \$18	\$0
INDEP	1	MINUS	3	0	a) \$42= b) \$84	\$0
] FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM See fee] Extension of Time Fee (Months) Schedule						\$
					TOTAL	\$0

[]	A check for \$ is enclosed to cover the above fees.
[]	Please charge my Deposit Account No. 14-1138 in the amount of \$ A duplicate copy of this sheet is enclosed.
[X]	The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 14-1138. A duplicate copy of this sheet is enclosed.

Date: March 18, 2002

Edwin V. Merkel Registration No. 40,087

NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051

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3/18/02

Wendy L. Harrold